

C.SUITE USER ACCESS REQUEST FORM

All users must be entered in the NOAA or DOC Staff Directory prior to requesting access to the AGO Systems applications. Submissions and updates to the NOAA Staff Directory can be sent to noaa.staff.directory@noaa.gov.

Date of Request: _____ New Account ☐ Y ☐ N Deactivated User ☐ Y ☐ N
If Deactivated User, User Code: _____

Requester's Name: _____ Employee Type: _____

Email Address: _____ Title: _____

Office Phone: _____ Office Fax: _____

Role: _____ Line Office: _____

Are you a Supervisor? ☐ Y ☐ N If Yes, please attach a list of those you will be supervising.

Are you a COTR? ☐ Y ☐ N Do you Certify Funds? ☐ Y ☐ N

Are you a Field Delegate/ Del.? In Training ☐ Y ☐ N Field Delegate Line Office: _____

REQUISITIONER ONLY (Signature Required/ Must Acknowledge)

I acknowledge that when I create a requisition I am required to share that requisition with a BFNC for a particular purchase.

Requester's Signature: _____ Date: _____

BONA FIDE NEED CERTIFIER (BFNC) ONLY (Signature Required/ Must Acknowledge)

I acknowledge that I am authorized to certify the bona fide need for a particular purchase.

Requester's Signature: _____ Date: _____

FUNDS CERTIFYING OFFICIAL (FCO) ONLY (Signature Required/ Must Acknowledge)

I acknowledge that I am authorized to certify the availability of funds and the suitability of their use for a particular purchase.

Requester's Signature: _____ Date: _____

AGO STAFF ONLY

AGO OFFICE: _____

CONTRACTING OFFICERS & WARRANTED FIELD DELEGATES ONLY

Select Warrant Level: _____ **Must submit copy of warrant with request*

The user's signature certifies that they have completed the mandatory IT Security Awareness Course.

Requester's Signature: _____ Date: _____

November 2014

C.SUITE USER ACCESS REQUEST FORM

Approval Section

The appropriate signature below certifies that the requester is authorized to maintain current access to AGO Systems.

Supervisor's Name: _____

Office Phone: _____

Supervisor's Signature: _____

Date: _____

FUNDS CERTIFYING OFFICIAL (FCO) ONLY

The Line Office Chief Financial Officer's (CFO) signature below certifies that the FCO is authorized to maintain current access to AGO Systems and is approved to certify the availability of funds. The NOAA CFO needs to sign for any Staff Office.

Line Office CFO: _____

Office Phone: _____

CFO's Signature: _____

Date: _____

APPROVER ONLY

The appropriate signature below certifies that the approver is authorized to maintain current access to AGO Systems and is able to review and approve a requisition.

Supervisor's Name: _____

Office Phone: _____

Supervisor's Signature: _____

Date: _____

AGO STAFF ONLY

HCO/Deputy Director/Branch Chief's Name: _____

HCO/Deputy Director/Branch Chief's Signature: _____

Date: _____

FIELD DELEGATES ONLY

Field Delegate Coordinator's Signature: _____

Date: _____

(From AGO Policy and Oversight Division)

Submit signed requests and a copy of Warrant to the Client Services CBS Help Desk via FAX on 301-444-3401. If you have any questions, email the Client Services CBS Help Desk at clientservices@noaa.gov or call 301-444-3400 – Option 3.

**FOR OFFICIAL USE
ONLY**